

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25277
Registrar's No. 6729

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Flower Retreat House 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10yrs 7Mon.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 23 2525 So. 18th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherina Bacher
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Paul
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. June 8 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15th
year 1947 hour 7 minute 55 P. M.
21. I hereby certify that I attended the deceased from about June 1st 1947, to July 15th 1947
that I last saw her alive on July 15th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition Duration 3 days
Due to Chronic Myocardial Disease 10 years
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92

8. AGE: Years Months Days If less than one day
90 -1- 7 hr. _____ min.
9. Birthplace Germany (City, town, or county) (State or foreign country) A
10. Usual occupation At Home
11. Industry or business _____
12. Name Joachim Mesle
13. Birthplace Germany (City, town, or county) (State or foreign country) L
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9
16. (a) Informant Louis F. Mesle
(b) Address 3053 Marcus Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) JUL 17 1947 (Date received local registrar) (b) J. F. Bredak (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Paul A. Webb (Physician's signature) or other) _____
Address 1915-a Sibley Date signed 7/17/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..... me

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Joe B. Benz

Licensed Embalmer No..... 4249

P. O. Address..... 2842 Meramec St.
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.